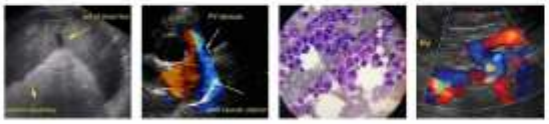


PATIENT

Hollie Weng

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7 years

WEIGHT

6.13 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Animal Medical Center of Reno

REFERRING VET

Dr. Eryn Taormina

INVOICE

13213

DATE

1/28/22

PRESENTING CLINICAL SIGNS

Referring Veterinarian: Warley Patient's Name: Hollie Owner's first and last name: Dom Weng Species: Feline Gender: Spayed Female Age/DOB: 7 Yrs. 0 Mos. / {BIRTHDATE[SHORT]} Current Weight: 6.13 pounds Breed: Shorthair, Domestic History: came in yesterday for vaccines- pet has lost 3 lbs and has hard firm easily felt mass in abdomen felt on both sides. Not able to tell if kidneys or discreete mass 2 years ago history of severe ulcerative dermatitis. Biopsy report- Face: Severe eosinophilic dermatitis with ulceration Ventrum: Moderate to marked eosinophilic and mastocytic dermatitis with ulceration Physical exam findings: skin lesions all resolved, 3 lb wt loss, thin, very prominent firm structure in cranial abdomen felt on both sides Abnormal CBC Values: High WBC at 27,5, Neutrophilis 23.79 Abnormal Chemistry Values: Globulins 6.3 Abnormal UA Values: wnl Radiograph Findings: mass effect in cranialmid abdomen, able to see cranial poles of kidneys but not rest haziness suggestive of fluid Reason for Ultrasound: further characterize/identify mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.85 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

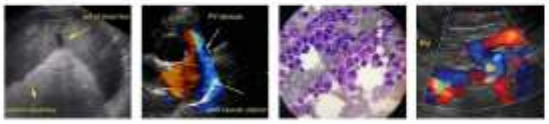
No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.88 cm width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size



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containing primarily anechoic content. Mild dilation of the cystic biliary duct exiting the gallbladder along with generalized moderate common bile duct dilation containing areas of nonshadowing mucus. An accumulation of mucus was noted in the distal common bile duct at the level of the duodenal papilla, measuring approximately 1.1 cm in diameter. The common bile duct dilation measured 0.5 cm in diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine exhibited generalized intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent muscularis layer, yet without evidence of overt mural hypertrophy. The jejunum wall width measured 0.28 cm.

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

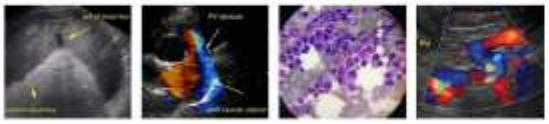
Intermittent, discernable mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.1 cm diameter.

A large, nonhomogeneously hypoechoic mass occupying the majority of the abdominal cavity was present. The mass measured at least 6.0 cm in diameter, but potentially larger as the entire mass would not fit into a single viewing window. The mass extended laterally into the area of the medial spleen and bilateral kidneys, as well as cranially to the level of the gastric axis and caudally to the level of the apical urinary bladder. Small pockets of scant free fluid were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, unspecified, nonhomogeneously hypoechoic mass occupying the majority of the peritoneal cavity
- Suspect nonspecific enteropathy - inflammatory infiltrative enteropathy with potential for neoplastic infiltrative enteropathy possible
- Generalized moderate common bile duct dilation with segmental mucoduct, suspect mucus plug at level of the duodenal papilla
- Intermittent concurrent nonspecific mesenteric lymphadenopathy - hyperplasia, lymphadenitis, concurrent to emerging neoplastic lymphadenopathy possible



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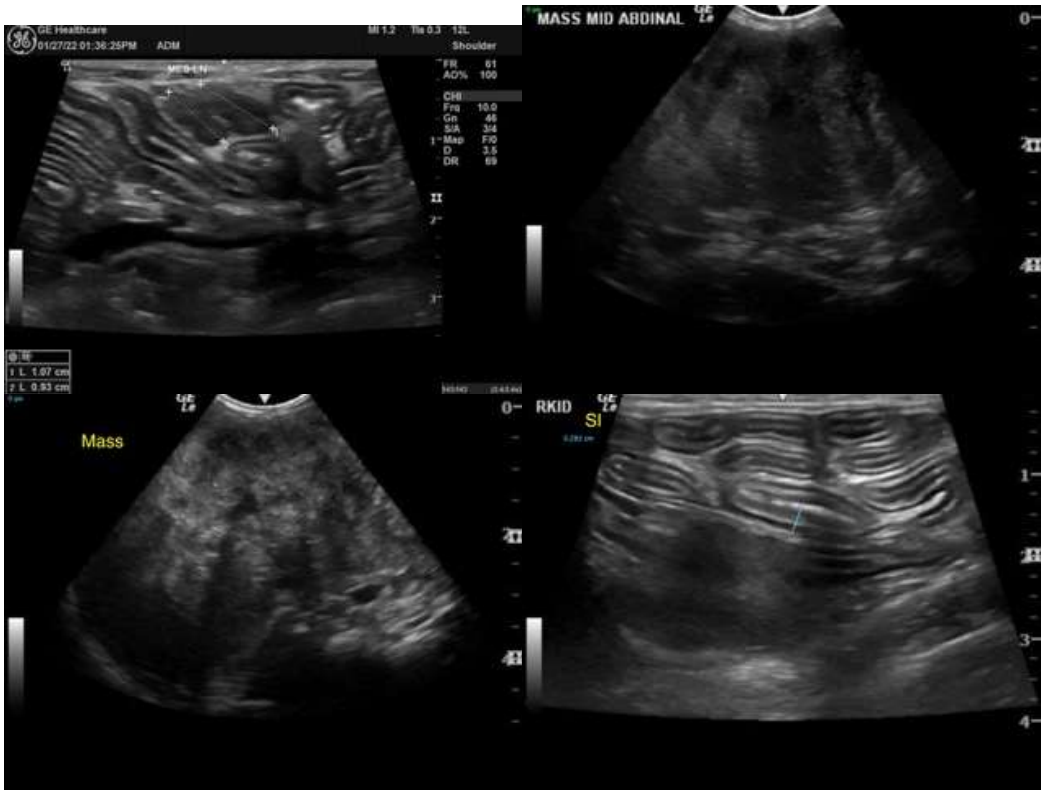
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, given the size of the intraabdominal mass, definitive origin was not overtly evident. Lymphatic origin may be a primary differential diagnosis as the mass did not appear to originate from the liver, spleen, bilateral kidneys, or overtly from the gastrointestinal tract. Neoplasia, granuloma, Inflammatory etiology or other may be possible.

Assuming normal clotting status, ultrasound-guided FNA of the mass is recommended for screening cytology. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out occult thoracic pathology are recommended.

Concern for possible emerging post hepatic obstruction owing to common bile duct mucus is warranted. Further monitoring for evidence of Increasing cholestasis is recommended. Abdominal CT, If possible, is strongly suggested for further assessment as well as surgical planning if surgery is a potential option.



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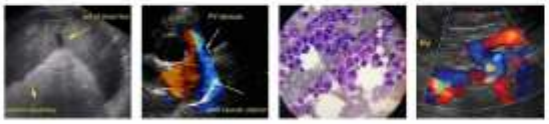

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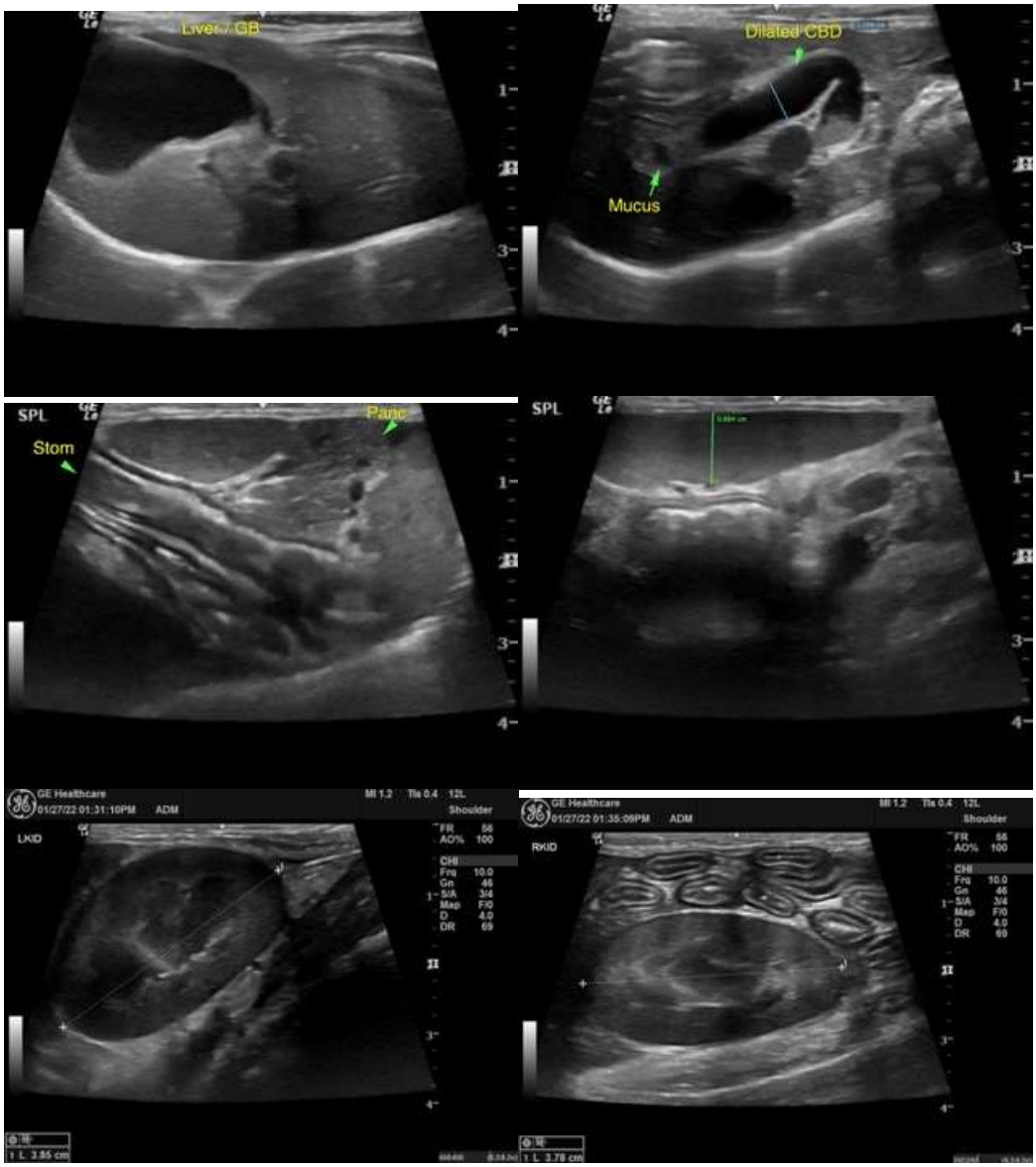

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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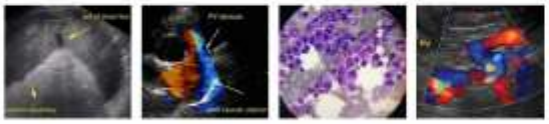

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